



STATE OF TENNESSEE
DEPARTMENT OF FINANCIAL INSTITUTIONS
SUITE 400, NASHVILLE CITY CENTER
511 UNION STREET
NASHVILLE, TENNESSEE 37219
(615) 741-2236 FAX (615) 741-2883

MEMORANDUM

TO: ALL PREMIUM FINANCE COMPANY REGISTRANTS

FROM: Compliance Division

DATE:

RE: 2005/2006 CERTIFICATE OF REGISTRATION RENEWAL

Your present registration, which authorizes you to conduct business as a Premium Finance Company, expires **June 30, 2005**

Enclosed, you will find an APPLICATION TO BE LICENSED AS A PREMIUM FINANCE COMPANY form, which is to be completed and returned with a fee of \$200, as required by T.C.A. Section 56-37-103 (b).

Also enclosed is an ANNUAL INSPECTION FEE OF PREMIUM FINANCE COMPANIES form, as required by Section 3 (b), paragraph (2) of the Premium Finance Company Act of 1980. Please complete and return along with your check in the amount of \$200 for each office or business that you operate.

Checks totaling \$400.00 should be made payable to DEPARTMENT OF FINANCIAL INSTITUTIONS.

Upon completion of the enclosed applications and payment of the above fees, a new license may be issued.

If you have any questions concerning the enclosed forms, please contact our office at (615) 741-3186.



\$200.00 FEE

STATE OF TENNESSEE
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RENEWAL APPLICATION TO BE LICENSED AS A PREMIUM FINANCE COMPANY

NAME AND ADDRESS OF APPLICANT:

NAME OF BUSINESS

STREET ADDRESS CITY COUNTY STATE ZIP CODE

FEDERAL TAXPAYER ID NUMBER STATE WHERE ORGANIZED

TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS

HOME (MAIN) OFFICE: (LIST NAME, ADDRESS, TELEPHONE#)

ATTACH LIST OF OTHER OFFICE LOCATIONS AND IDENTIFY BY NAME AND ADDRESS ANY AFFILIATES DOING BUSINESS IN THE STATE OF TENNESSEE. IF NONE, SO STATE.

STATUS OF APPLICANT (Check Appropriate Box)

- | | |
|---|--|
| <input type="checkbox"/> An individual doing business under own name SSN _____ Home address _____ | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> An individual doing business under assumed or trade name SSN _____ Home address _____ | <input type="checkbox"/> A corporation organized in TN |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> A corporation organized in some other jurisdiction |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other _____ |

Anticipated Opening Date: _____

Name of Applicant _____

Is applicant affiliated with any bank or bank holding company? If yes, identify by name and address: _____

Is applicant affiliated with any other lending institution or company? If yes, identify by names and addresses: _____

Name of Principals:

Business History:

Business Background of Principals:

Name and addresses of all parties owning at least 5% interest, stating amount owned: _____

Has any stockholder or employee ever been convicted of a felony? Yes ___ No ___

If yes, explain fully:

INDIVIDUAL RESPONSIBLE FOR RESPONDING TO QUESTIONS RELATING TO THIS APPLICATION:

NAME _____ TITLE _____

STREET ADDRESS _____ CITY _____

TELEPHONE NO. _____ FAX NO. _____ STATE _____ ZIP CODE _____

Applicant hereby agrees to submit an annual report and to notify this Department of any interim changes:

CERTIFICATION

I hereby certify that this APPLICATION to operate as a premium finance company, under the provisions of TCA Title 56 Chapter 37 is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the APPLICATION.

SIGNATURE _____ DATE _____

STATE OF _____,

COUNTY OF _____,

On this _____ day of _____, _____, before me, a Notary Public in and for said County personally appeared _____ known to me to be said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

NOTARY PUBLIC

(NOTARY SEAL)

MY COMMISSION EXPIRES _____



\$200.00 FEE

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ANNUAL INSPECTION FEE OF PREMIUM FINANCE COMPANIES

To the Commissioner of Financial Institutions:

I, _____
Name & Title of Officer

Name & Address of Home Office

hereby certify upon oath that the said corporation, partnership, or individual, operates as a Premium Finance Company, under provisions of Section 4(a) of the Premium Finance Act of 1980 (T.C.A. Title 56, Chapter 37)

Name of Company

Address

It will operate _____ Offices within the State of Tennessee.
No.

(SHOW ADDRESSES ON REVERSE SIDE)

There is hereby tendered the sum of \$200.00 for the above named company in payment of fees required by Section 3(b) paragraph (2) of the premium Finance Company Act of 1980 for the fiscal year July 1, _____ through June 30, _____.

MAKE CHECK PAYABLE TO THE DEPARTMENT OF FINANCIAL INSTITUTIONS

Witness my signature on this _____ day of _____, _____.

Signature of Officer, Partner, or Proprietor

Subscribed and sworn to before me on this _____ day of _____, _____.

My Commission expires: _____

Notary Public